

lives of people the world over. I am particularly proud when individuals from South Dakota have done such a fine job. Lori Forman's efforts make me proud, America stronger and the world better.

TRIBUTE TO COY SHORT

Mr. THURMOND. Mr. President, whether as an officer in the United States Army or as a dedicated public servant at the Social Security Administration, Coy A. Short has served his Nation with honor and integrity. After two and a half decades of devoted service, Coy will retire from the Social Security Administration, and I rise today to pay tribute to a man who has made countless contributions to the welfare of America.

Coy has a rich history of public service which began when he volunteered to serve as an officer in the United States Army. Recognized as a leader with a solid work ethic and uncompromising character, Coy eventually rose to the rank of Captain. After departing the Army, he has continued to support our Armed Forces. He served as Chairman of the Georgia Committee for Employer Support of the Guard and Reserve for over ten years, and continues to work with this committee and other organizations dedicated to assisting our men and women in uniform.

Coy's selfless involvement with these associations has resulted in his receipt of numerous awards and recognitions, including the Sam Nunn Award, the Oglethorpe Distinguished Service Medal for Outstanding Support of the Georgia Guard, and the Patrick Henry Award from the National Guard Association both in 1997 and 1999. Also, in 1998, he was appointed to the prestigious position of Ambassador for the U.S. Army Reserve.

Though a successful businessman, Coy's devotion to his country eventually lured him back to the realm of public service. In 1977, he began his career at the Social Security Administration—an agency on which many livelihoods depend.

During Coy's tenure with the Social Security Administration, his workhorse attitude and proficient managerial skills enabled him to quickly as-

cend through the ranks. He held several management positions at both district and branch offices throughout the Atlanta region and served as Director of the Office of Congressional, Governmental and External Affairs prior to his selection as Deputy Regional Commissioner. Though a humble man, whose greatest reward is assisting others, he was recognized for his dedication to the Social Security Administration with their highest award, the "Commissioner's Citation."

It has been a privilege to know Coy for the last thirty years. He is a true patriot, and I commend him for his service to our Nation. Though the Administration will be losing one of their finest, they will no doubt continue to benefit from his contributions for years to come. I wish him, his wife Judy, and their two children, Greg and Karen, health, happiness, and success in all of their future endeavors.

BUDGET SCOREKEEPING REPORT

Mr. CONRAD. Mr. President, I hereby submit to the Senate the budget scorekeeping report prepared by the Congressional Budget Office under section 308(b) and in aid of section 311 of the Congressional Budget Act of 1974, as amended. This report meets the requirements for Senate scorekeeping of section 5 of S. Con. Res. 32, the first concurrent resolution on the budget for 1986.

This report shows the effects of congressional action on the 2001 budget through July 10, 2001. The estimates of budget authority, outlays, and revenues are consistent with the assumptions of H. Con. Res. 83, the concurrent resolution on the budget for fiscal year 2002, which replaced H. Con. Res. 290, the concurrent resolution on the budget for fiscal year 2001.

The estimates show that current level spending in 2001 is below the budget resolution by \$12.1 billion in budget authority and by \$8 billion in outlays. The current level is \$1 million above the revenue floor in 2001.

I ask unanimous consent that a letter to me from Dan L. Crippen, Director, CBO, and an accompanying report be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, July 11, 2001.

Hon. KENT CONRAD,
Chairman, Committee on the Budget,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The enclosed tables show the effects of Congressional action on the 2001 budget and are current through July 10, 2001. This report is submitted under section 308(b) and in aid of section 311 of the Congressional Budget Act, as amended.

The estimates of budget authority, outlays, and revenues are consistent with the technical and economic assumptions of H. Con. Res. 83, the Concurrent Resolution on the Budget for Fiscal Year 2002, which replaced H. Con. Res. 290, the Concurrent Resolution on the Budget for Fiscal Year 2001.

Since my last report, dated March 27, 2001, the Congress has cleared and the President has signed the following acts that changed budget authority, outlays, or revenues for 2001: an act to provide reimbursement authority to the Secretaries of Agriculture and the Interior from wildland and fire management funds (P.L. 107-13), the Fallen Hero Survivor Benefit Fairness Act of 2001 (P.L. 107-15), the Economic Growth and Tax Relief Reconciliation Act of 2001 (P.L. 107-16), and an act to clarify the authority of the Department of Housing and Urban Development with respect to the use of fees during fiscal year 2001 (P.L. 107-18). The effects of these new laws are identified in Table 2.

Sincerely,
BARRY B. ANDERSON
(For Dan L. Crippen, Director).

Enclosures.

TABLE 1.—FISCAL YEAR 2001 SENATE CURRENT LEVEL REPORT, AS OF JULY 10, 2001
[In billions of dollars]

	Budget resolution	Current level ¹	Current level over/under (—) resolution
ON-BUDGET			
Budget Authority	1,568.4	1,556.3	— 12.1
Outlays	1,515.3	1,507.2	— 8.0
Revenues	1,556.7	1,556.7	(?)
Debt Subject to Limit	5,660.7	5,628.3	— 32.4
OFF-BUDGET			
Social Security Outlays	434.6	434.6	0.0
Social Security Revenues	504.1	504.1	0.0

¹ Current level is the estimated effect on revenue and direct spending of all legislation that the Congress has enacted or sent to the President for his approval. In addition, full-year funding estimates under current law are included for entitlement and mandatory programs requiring annual appropriations even if the appropriations have not been made. The current level of debt subject to limit reflects the latest information from the U.S. Treasury.

² Less than \$50 million.

Source: Congressional Budget Office.

TABLE 2.—SUPPORTING DETAIL FOR THE FISCAL YEAR 2001 SENATE CURRENT LEVEL REPORT FOR ON-BUDGET SPENDING AND REVENUES, AS OF JULY 10, 2001

[In millions of dollars]

	Budget authority	Outlays	Revenues
Enacted in previous sessions:			
Revenues	n.a.	n.a.	1,630,462
Permanents and other spending legislation	928,957	879,358	n.a.
Appropriation legislation ¹	942,112	942,622	n.a.
Offsetting receipts	— 314,754	— 314,754	n.a.
Total, enacted in previous sessions	1,556,315	1,507,226	1,630,462
Enacted this session:			
An act to provide reimbursement authority to the Secretaries of Agriculture and the Interior from wildland fire management funds (P.L. 107-13)	0	3	0
Fallen Hero Survivor Benefit Fairness Act of 2001 (P.L. 107-15)	0	0	— 1
Economic Growth and Tax Relief Reconciliation Act of 2001 (P.L. 107-16) ²	0	0	— 73,808
An act to clarify the authority of the Dept. of Housing and Urban Development with respect to the use of fees (P.L. 107-18)	6	4	2
Total, enacted this session	6	7	— 73,807
Total Current Level	1,556,321	1,507,233	1,556,655
Total Budget Resolution	1,568,430	1,515,278	1,556,654
Current Level Over Budget Resolution	n.a.	n.a.	1
Current Level Under Budget Resolution	12,109	8,045	n.a.

TABLE 2.—SUPPORTING DETAIL FOR THE FISCAL YEAR 2001 SENATE CURRENT LEVEL REPORT FOR ON-BUDGET SPENDING AND REVENUES, AS OF JULY 10, 2001—Continued

[In millions of dollars]

	Budget authority	Outlays	Revenues
Memorandum:			
Emergency designations for bills enacted this session	0	0	0

¹ Excludes administrative expenses of the Social Security Administration, which are off-budget.² The estimated budgetary impact of P.L. 107-16 was provided by the Joint Committee on Taxation.

Note.—n.a. = not applicable.

Sources: Congressional Budget Office and Joint Committee on Taxation.

LOCAL LAW ENFORCEMENT ACT OF 2001

Mr. SMITH of Oregon. Mr. President, I rise today to speak about hate crimes legislation I introduced with Senator KENNEDY in March of this year. The Local Law Enforcement Act of 2001 would add new categories to current hate crimes legislation sending a signal that violence of any kind is unacceptable in our society.

I would like to describe a terrible crime that occurred October 25, 1996 in Trevoze, PA. A gay man, James Rebuck, 55, was stabbed to death at his residence after he allegedly made a pass at a man at a bar. David Alan Elliott, 23, and Scott Stocklin were charged with first-degree murder, burglary, criminal conspiracy and possession of deadly instruments.

I believe that Government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act of 2001 is now a symbol that can become substance. I believe that by passing this legislation, we can change hearts and minds as well.

VA LEADS THE NATION IN QUALITY OF CARE

Mr. ROCKEFELLER. Mr. President, the Department of Veterans Affairs has made great strides in becoming a leader within the health care profession. Too often, we dwell only on what is going wrong or what else can be done. However, as Chairman of the Committee on Veterans' Affairs, I would like to instead draw attention to what VA has done to bring a high quality of care to our nation's veterans. While there is no doubt that VA go even further in this area, we know that they have made great strides in delivering the standard of care veterans deserve.

A few years ago, the Democratic staff of the Committee on Veterans' Affairs issued a report examining the standards of quality within the VA Health Care system. VA spends considerable effort and resources aimed at providing veterans with the highest quality health care in its hospitals and clinics. Over the years, VA has developed dozens of programs devoted exclusively to quality of care issues, yet public attention continues to be focused on examples of poor care within the health care system.

With nearly 950 sites and growing, VA operates the largest health care system in the United States. Veterans

should know that the care at one VA hospital or clinic is at the same high quality level as the care at another VA health care facility. The study concluded that this can only be possible if the VA has a national system of quality which has built-in safeguards sufficient to overcome the inevitable fact that human error will always occur.

The committee is currently working on a follow-up to the original study. As more technological solutions to the problem of quality standardization are implemented, they will need to be examined. Quality of care is a vital issue to which I am very committed, and will continue to monitor closely as the VA health care system reconfigures itself to accommodate the changing demographics of the population it serves.

Coronary disease care is one area in particular that VA has excelled in with regard to quality of care. With coronary atherosclerosis being the second-most frequent diagnosis among veterans enrolled in VA health care, it is imperative that VA is able to treat this condition with the best care possible. They have met that challenge, with VA medical facilities now providing the same level of care as non-VA hospitals. The New England Journal of Medicine recently published a report that made this conclusion, based on a study of heart attack patient care within VA. The report also applauded VA's efforts to improve their overall quality of care.

I ask unanimous consent that an article from The Topeka Capital-Journal, highlighting the report from The New England Journal of Medicine on the study of VA's quality of care, be printed in the RECORD.

There being no objection, the article was ordered to be printed in the RECORD, as follows:

VA SYSTEM QUIETLY BECOMING MODEL FOR HEALTH CARE

(By Mathew J. Kelly)

It has long been one of American medicine's most precious assets and, until recent years, its best-kept secret.

On Dec. 27, the New England Journal of Medicine (NEJM) published a report on a study that found the quality of care for heart attack patients is as high in Department of Veterans Affairs medical facilities as in non-VA hospitals.

At first review, that might seem like faint praise—but not for a health care system often singled out to prove its value and justify its existence. And it continues to do so. The accompanying NEJM commentary of a VA doctor nailed it: "Overall, the [VA health care system's] quest to improve quality must be regarded as a laudable success and itself deserves study for lessons that may have general value."

The study and associated observations corroborate what we in VA have long been aware of—the exceptional quality of care we provide, and the fact that VA is a model for the health care industry, often outperforming the private sector. VA is delivering cutting-edge health care, and its patients and the medical world are noticing and applauding.

For too long VA has methodically and quietly improved the way it delivers health care to a special population, while allowing the public to believe that our hospitals are like those shown in movies such as 'Born on the Fourth of July' and 'Article 99.' At the time these motion pictures were released, the portrayal was inaccurate, and today, they and the images they conjure are even more distorted.

The Department of Veterans Affairs health care delivery system, once maligned, has overcome the stereotypes, is quieting its critics, and has established itself as a force in health care delivery, research, and medical education, and in such special services as blind rehabilitation, severe psychological conditions, prosthetics and spinal cord injury. Of the latter, actor Christopher Reeve, now quadriplegic, said, "The whole VA system today is a model for what research can and must be. And when I look down the list of accomplishments of various centers and how proactive it is, I just rejoice."

The patient population VA cares for is, on average, significantly older and poorer than the non-veteran population, more likely to have mental illness or substance abuse problems, more likely to have hepatitis C, more likely to have multiple diseases, and less likely to be married and have a social support structure. Despite these challenges, VA health care has transformed itself into what Dr. Donald Berwick, President and CEO of the Institute for Healthcare Improvement, calls "the most impressive work in the country so far on patient safety" and "the benchmark in many areas."

Even though the veteran population is declining, veterans' health problems are increasing as they age. More veterans than ever are enrolling for VA health care. In the last five years, VA, which operates the nation's largest integrated health care organization, has shifted from an inpatient-focused system—we have closed more than half of our acute care beds—to one that is outpatient-based.

To apply for health care, veterans can now fill out and submit an easy-to-follow Internet-based application form, which is automatically electronically mailed to the VA health care facility selected by the veteran. VA employees register the data, print the form and mail it back to the veteran for signature. Veterans can also print out the completed form and mail it to a VA health care facility themselves.

Since 1996, when all honorably discharged veterans became eligible to enroll for VA health care, more than a half-million additional veterans have done so. Why? Every VA patient now has a primary care provider and team. VA has computerized mail-out pharmacy services that ensure the timely delivery of drugs to patients. VA has instituted